

**EMPLOYMENT VERIFICATION
Of
ALCOHOL AND DRUG COUNSELING EXPERIENCE**

Applicant's Name _____ **SS#** _____ NOTE: If more than one person is needed to verify the required amount of professional counseling experience please copy this form and submit it to each individual.

I have applied for certification to the State of Nevada Board of Examiners for Alcohol, Drug and Gambling Counselors and am required to provide documentation of previous counseling experience. Please complete the EMPLOYER VERIFICATION INFORMATION below, notarize, and mail the form to the Board at the address below. My application cannot be processed until this form is received.

Applicant's Signature _____

Date _____

APPLICANT: do not write below this line. **For completion by employer.**

EMPLOYER VERIFICATION INFORMATION

This is to verify that _____ is/was employed by
(Name of applicant)

this agency/group for the period from _____ to _____.
(Date) (Date)

I verify that _____ **total number of hours** were spent in alcohol and drug abuse counseling activities during these dates (include direct counseling hours and indirect activities used to support counseling hours). (The maximum hours permitted for full time employment is 40 hours per week or 2000 hours per year.) **Definition of Counseling:** To qualify as counseling experience, the individual must be involved in the provision of direct services to clients in either an individual or group setting. It is therefore assumed the individual would be responsible for treatment plans, case notes, etc. If there is no documentation of counseling activities, experience will not be granted. Simply being employed by an agency which provides counseling services does not qualify as counseling experience (i.e., the receptionist or bookkeeper). **Please include a detailed job description.**

NOTE: Employer please print the following information clearly:

1. NAME _____
2. TITLE _____
3. AGENCY/INSTITUTION _____
4. ADDRESS _____
5. TELEPHONE _____
6. SIGNATURE _____

NOTARIZATION:

Subscribed and sworn to before me this
_____ day of _____, 20____.

In the State of _____, County of _____
Notary Public

My commission expires _____

After completing mail this form directly to:
**BOARD OF EXAMINERS FOR ALCOHOL, DRUG
AND GAMBLING COUNSELORS**
Attn: Executive Director
625 Fairview Dr., Suite 124
Carson City NV 89701
775-884-8922
775-884-8920 Fax